

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Connecticut College Children's Program Date: 12/2/21 Time: 12:20

Location Address: 75 Nameaug Ave New London Telephone #: 860 439 2920

e-mail address: mfranzen@conncoll.edu License #: 16689 Expiration Date: 7-31-25

Capacity: 73 # of Children Present: 40 # of Staff Present: 15

**Consent to Inspect
Family Child Care Home**

I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.

Provider/Applicant/Substitute's Signature _____

Purpose of visit: Follow up to full inspection on 11/4/21

Observations/Corrections needed:

W/D #111 and #112 ratio / physical barrier / group size
program reports no ratio/group size violations.

Reviewed corrections completed on submitted
Corrective Action Plan for inspection on
November 4, 2021. Program is compliance
at this visit.

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: nila

Signature: Cynthia Deloreto
(OEC Representative)

Print Name: Cynthia Deloreto

Signature: Monica Franzone
(Person in Charge)

Print Name: Monica S. Franzone